

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 01/05/02.  
b. The request was received on 08/05/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA-1500
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/05/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/12/02. The response from the insurance carrier was received in the Division on 09/25/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of a letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement
2. Respondent: Response is Untimely

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/05/02.
2. Per the provider's TWCC-60, the amount billed is \$380.00; the amount paid is \$0.00; the amount in dispute is \$128.00.

3. The carrier's denial exception code for date of service is, "T – TREATMENT GUIDELINES". The insurance carrier used "T" as a denial code for a date of service after January 1, 2002. TWCC Advisory 2002-11 notifies that Article 6 of House Bill 2600 adopted by the 77<sup>th</sup> Texas Legislative Session abolished the treatment guidelines on January 1, 2002. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance company for dates of service on or after January 1, 2002. Therefore, the exception code "T" will not be addressed for any dates of service in this medical dispute. Any dates of service denied by code "T" will be addressed by code "F, Fee Guideline MAR Reduction."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
01/05/02 01/05/02	95904 95904	\$190.00 \$190.00	\$0.00 \$0.00	F F	\$64.00 \$64.00	Rule 133.304 (c); CPT descriptor	Rule 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions and provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. The Medical Dispute Officer was also unable to determine for which nerves the carrier denied payment. Reimbursement in the amount of <b>\$128.00</b> is recommended.
<b>Totals</b>		\$380.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$128.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$128.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13<sup>th</sup> day of January 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm